



**Computer Access Application**  
**North Florida South Georgia Veterans Health System**

Division: \_\_\_\_\_ Service: \_\_\_\_\_  
Applicant: \_\_\_\_\_  
                    (Full Name-First-Middle-Last)  
SSN: \_\_\_\_\_ Job Title: \_\_\_\_\_

**(To be completed by the Package Coordinator)**

Primary Menu: \_\_\_\_\_  
Secondary Menu: \_\_\_\_\_  
Security Keys: \_\_\_\_\_  
Fileman Access: \_\_\_\_\_  
Information Manager: \_\_\_\_\_

<b>NT Account?</b>	<b>Yes</b>	<b>No</b>	<b>Exchange Account?</b>	<b>Yes</b>	<b>No</b>
	<b>(Please Circle One)</b>			<b>(Please Circle One)</b>	

**Service Chief Statement**

I request that the person listed above be given access to the Medical Center computer system. The level of access will be determined by the job duties of this individual. ADP security (as outlined in IRM Policy – IRM-1) has been discussed with the individual.

**Service Chief/Supervisor**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please FAX to: (386) 719-3609**

**Attention: Debby Carroll, IRMS,  
Lake City**

**IRM Service**

**Entered By:** \_\_\_\_\_ **Date:** \_\_\_\_\_